UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

<u> </u>	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08061279
Industrial Origami, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 487 Bryant Street, 2 nd Floor, San Francisco, CA 94107	Telephone Number (including Area Code) (415) 495-6075
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Type of Business Organization	PROCESSED—
corporation imited partnership, already formed other (p business trust imited partnership, to be formed	OCT 0 8 2008
Actual or Estimated Date of Incorporation or Organization: 10 06 Actual Estim	nated THOMSON REUTERS
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	DE
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFG 2 paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer using Form D (17 CFG 239.500) but, if it does, the issuer must file amendments using Form D (17 CF requirements of §230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation I U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the off Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the ada after the date on which it is due, on the date it was mailed by United States registered or certified mail to Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205 Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manual be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only rechanges thereto, the information requested in Part C, and any material changes from the information previating Fee: There is no federal filing fee. State:	239.500T) or an amendment to such a notice in also may file in paper format an initial notice FR 239.500) and otherwise comply with all the D or Section 4(6), 17 CFR 230.501 et seq. or 15 fering. A notice is deemed filed with the U.S. dress given below or, if received at that address that address. 549. ally signed. The copy not manually signed must eport the name of the issuer and offering, any iously supplied in Parts A and B. Part E and the
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to a amount shall accompany this form. This notice shall be filed in the appropriate states in accordance constitutes a part of this notice and must be completed.	with the Securities Administrator in each state the claim for the exemption, a fee in the proper
ATTENTION	· · · · · · · · · · · · · · · · · · ·
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle	remption. Conversely, failure to file the ess such exemption is predicated on the

filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Holman, Rick A. Business or Residence Address (Number and Street, City, State, Zip Code) 487 Bryant Street, 2nd Floor, San Francisco, CA 94107 Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Danaher, Michael J. Business or Residence Address (Number and Street, City, State, Zip Code) 650 Page Mill Road, Palo Alto, CA 94304 Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Archambeau, Eric Business or Residence Address (Number and Street, City, State, Zip Code) c/o Wellington Partners Venture Capital GmbH, Theresienstr. 6, D-80333 Munich, Germany Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Durney, Max Business or Residence Address (Number and Street, City, State, Zip Code) 487 Bryant Street, 2nd Floor, San Francisco, CA 94107 Check Box(es) that Apply: ☐ Beneficial Owner Promoter **Executive Officer** □ Director General and/or Managing Partner Full Name (Last name first, if individual) Griffin, Jerry Business or Residence Address (Number and Street, City, State, Zip Code) c/o Griffin & Schwartz Scientific Services, Inc., 2800 Post Oak Blvd., Suite 3200, Houston, TX 77056 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Sunderland, Neil Business or Residence Address (Number and Street, City, State, Zip Code) c/o Adinvest AG, Rigistrasse 25, 8126 Zumikon, Switzerland Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Industrial Origami Holdings, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) Attn: Rick A. Holman, 487 Bryant Street, 2nd Floor, San Francisco, CA 94107

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer Director General and/or Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Timothy M. Weaver Business or Residence Address (Number and Street, City, State, Zip Code) 9450 Metcalf Road, Waite Hall, OH 44094 Check Box(es) that Apply: Promoter . Director General and/or Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Environmental Technologies Fund, LP and affiliates Business or Residence Address (Number and Street, City, State, Zip Code) 20 Berkeley Square, London UK **Executive Officer** Director General and/or Check Box(es) that Apply: Beneficial Owner Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
							· ·			· · ·		Yes	No
1.	Has the	issuer sold	, or does the	issuer inte	nd to sell, t	o non-accre	dited invest	ors in this o	ffering?				\boxtimes
Answer also in Appendix, Column 2, if filing under ULOE.													
2.							s N/A						
					Yes	No							
3.			oermit joint									\boxtimes	
4.			tion requeste										
			sted is an as										
			ame of the b						l are associa	ated persons	of such		
E.J			irst, if indiv		шоппацоп	IOI IIIAL DIO	Kei oi deale	i Omy.					
run	Mairie (Last name	arsi, ii murv	iduaij									
Bus	iness or	Residence .	Address (Nu	mber and S	Street, City,	State, Zip (Code)						
Nan	ne of As	sociated Br	oker or Deal	ler				 	 				
Stat	es in Wi	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers	<u></u>					
	(Che	eck "All Sta	tes" or check	c individual	States)					<i>.</i>		🗆 A	All States
		F					_	——————————————————————————————————————				[]	
	ΛL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
		[N]	IA	KS	KY	LA	МЕ	MD	МА	МІ	MN	MS	мо
	МТ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA
	Ri	sc	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full	Name (Last name	first, if indiv	idual)									
Bus	iness or	Residence	Address (Nu	imber and S	Street, City,	State, Zip (Code)				<u>. </u>		······································
Nan	ne of As	sociated Br	oker or Dea	ler		<u>*</u>				<u></u> _			
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers				······································		
	(Che	eck "All Sta	tes" or check	c individua	States)			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			🗆 🗸	All States
	AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	н	ID
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	MT	NE	NV	NH	נא	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	sc	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full	Name (Last name	first, if indiv	ridual)		•							
Bus	iness or	Residence	Address (Nu	imber and S	Street, City,	State, Zip (Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL	AK	AZ	AR	CA	co	СТ	DE	DC	FL	GA	н	ID
		IN	IA	KS	KY	LA	ме	MD	МА	МІ	MN	\equiv	
	\equiv	=			一		\equiv			=		MS	МО
	MT	NE	NV	NH	ГИ	им	NY	NC]	ND	ОН	OK.	OR	PA
	RI	sc	SD	TN	TX	UT	VT	[VA]	WA	wv	wı	WY	PR

	C. OFFERING PRICE, NUMBER OF INVESTORS	S, EXPENSES AND USE OF P	ROCEEDS						
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.								
	Type of Security		Aggregate Offering Price	Amount Al Sold	ready				
	Debt	\$	0	\$	0				
	Equity	\$			705.00				
	Common	Preferred							
	Convertible Securities (including warrants)			\$					
	Partnership Interests	\$ _	0	\$	0				
	Other (Specify)	\$_	0	\$	0				
	Total	s _							
*,	Amended to increase aggregate offering price by \$13,512,729.75.		•						
**	*Aggregate value of Convertible Promissory Notes as converted into shares	of Preferred Equity at a 5% di	scount.						
	Answer also in Appendix, Column 3, if filing under U	LOE.							
2.	Enter the number of accredited and non-accredited investors who has offering and the aggregate dollar amounts of their purchases. For offer the number of persons who have purchased securities and the aggregates on the total lines. Enter "0" if answer is "none" or "zero."	erings under Rule 504, indica	ate						
			Number Investors	Aggreg Dollar Am of Purcha	ount				
	Accredited Investors	****	21	\$ 17,458	8,705.00				
	Non-accredited Investors		0	\$	0				
	Total (for filings under Rule 504 only)		0	\$	0				
	Answer also in Appendix, Column 4, if filing under	er ULOE.							
3.	If this filing is for an offering under Rule 504 or 505, enter the inform sold by the issuer, to date, in offerings of the types indicated, in the first sale of securities in this offering. Classify securities by type listed	twelve (12) months prior to t							
	Type of Offering		Type of Security	Dollar Ar Sold	nount				
	Rule 505		0	\$	0				
	Regulation A	***************************************	0	\$	0				

 Printing and Engraving Costs
 □ \$
 0

 Legal Fees
 □ \$
 149,095.13

 Accounting Fees
 □ \$
 0

 Engineering Fees
 □ \$
 0

 Sales Commissions (specify finders' fees separately)
 □ \$
 0

 Other Expenses (identify)
 □ \$
 0

 Total
 □ \$
 149,095.13

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is

Transfer Agent's Fees....

not known, furnish an estimate and check the box to the left of the estimate.

0

0

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPEN	ISES AND USE OF I	KOCEEDS		•
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part 0 proceeds to the issuer."	C — Question 4.a. This difference	is the "adjusted gross	S	\$	21,114,621.82
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount fo check the box to the left of the estimate. The to proceeds to the issuer set forth in response to P	r any purpose is not known, furn tal of the payments listed must equ	nish an estimate an	d		
				Payments Officers Directors, Affiliates	,	Payments to Others
	Salaries and fees			s	0 🗆 \$	0
	Purchase of real estate	•••••		\$	<u>0</u> 🗀 s	0
	Purchase, rental or leasing and installation of and equipment	machinery		\$	<u>0</u> 🗆 s	0
	Construction or leasing of plant buildings and	facilities		s	<u> </u>	C
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another			<u>0</u> □ s 0 □ s	0
	Working capital	***************************************		\$	0 🛭 s	21,114,621.82
	Other (specify):			\$		
				_ \$	<u> </u>	
	Column Totals				<u>0</u> ⊠ s	21,114,621.82
	Total Payments Listed (column totals added)		*******	×]\$21,11 4	,621.82
Г		D. FEDERAL SIGNATU	RE			-
sig	e issuer has duly caused this notice to be signed be nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	by the undersigned duly authorized to furnish to the U.S. Securities an	person. If this noticed Exchange Commi	ission, upon v		
Iss	uer (Print or Type)	Signature		Date		
Inc	lustrial Origami, Inc.	Mehael Da	what	October 1, 20	800	
Na	me of Signer (Print or Type)	Title of Signer (Print or Typ	pe)			
Mi	chael Danaher	Secretary				
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